

COVER SHEET

☐ ORIGINAL

☒ COPY

PART 1 - GENERAL INFORMATION

Organization Name: Sunnyvale Community Services Tax ID Number: 94-1713897
Project Name: Work First Sunnyvale DUNS¹ Number: 165378316
Contact Person: Marie Bernard
Mailing Address: 725 Kifer Road
City, State, Zip Code: Sunnyvale, CA 94086
Phone: (408) 738-0121 Fax: (408) 738-1125 Email: mbernard@svcommunityservices.org

PART 2 - LOAN REQUEST

1) Requested Amount	\$394,797.00
2) Other Funding Sources (match)	\$346,553.00
3) Total Project Cost (Line 1+ Line 2)	\$764,763.00
4) Percentage of City of Sunnyvale funds toward Total Project Cost (Line 1/Line 3)	52%
5) Type of funds requested. (you may select more than one) <input checked="" type="checkbox"/> CDBG <input type="checkbox"/> CDBG Program Income <input type="checkbox"/> HOME	

PART 3 - PROJECT DESCRIPTION

Please provide a **brief** description of the proposed project. The description should be no more than 5 sentences, describe the project, not the organization, the number of unduplicated persons the project will serve, and/or other measurable objectives the project will meet during the contract period.

Enter text here. **DO NOT EXCEED THE SIZE OF THE BOX.** Text will not print and your application will not be accepted. This note applies to all boxes that allow multiple lines of text in this application.

Sunnyvale Community Services in partnership with Downtown Streets Team will continue to operate a Workforce Development Program that provides homeless and/or extremely low-income individuals with job readiness training, employment opportunities, and supportive services.
DST Objective # 1: Attain paid employment opportunities for 12 homeless and/or extremely low income individuals in the workforce.
DST Objective # 2: Build and maintain an extensive network of 20 or more local employers willing to create or hold positions for DST team members.
DST Objective #3: Deliver job search skills and job readiness training classes for 50 individuals to prepare them for employment so that 90% retain employment for three months or more.
DST Objective # 4: Job Preparation program for up to 16 team members at any time that offers free street cleaning to the City of Sunnyvale.
DST & SCS Objective #5: Offer outreach and supportive services to homeless and/or extremely low income individuals to enhance job readiness and employment.

¹ The DUNS number is a unique nine-character number used by the federal government to identify your organization. If your organization does not have a DUNS number, use the Dun & Bradstreet (D&B) online registration to receive one free of charge, at: <http://fedgov.dnb.com/webform>

Application Checklist

Applicant Name: Sunnyvale Community Services

Project Name: Work First Sunnyvale

The original application must include all of the information listed below. Each of the two (2) additional copies must include the information in Tabs A, B, C, and D. Proposals that do not contain all of the required documents will not be considered and will be ineligible for funding.

- | | | |
|--------------|--|---|
| Tab A | <input checked="" type="checkbox"/> Cover Letter on Letterhead | <input checked="" type="checkbox"/> Program Cover Sheet* |
| | <input checked="" type="checkbox"/> Application Checklist* | <input checked="" type="checkbox"/> Applicant Information* |
| Tab B | <input checked="" type="checkbox"/> Section 1: Organizational Capacity and Experience | |
| | <input checked="" type="checkbox"/> Section 2: Evidence of Need for Project | |
| | <input checked="" type="checkbox"/> Section 3: Statement of Work/Project Scope/Readiness | |
| | <input checked="" type="checkbox"/> Section 4: Budget and Financial Information | |
| Tab C | <input checked="" type="checkbox"/> Project Budget Form | |
| | <input type="checkbox"/> Pro-forma (for construction or acquisition of community facility) | |
| Tab D | <input checked="" type="checkbox"/> Project Service Area Map | <input checked="" type="checkbox"/> Project Specific Organizational Chart |
| | <input checked="" type="checkbox"/> Résumés of Applicant's key personnel | |

Provide Applicable Documents in Original Application Only (mark N/A if not applicable)

- | | | |
|---|---|--|
| Tab E | <input checked="" type="checkbox"/> Signature Authorization* | <input checked="" type="checkbox"/> Conflict of Interest Disclosure* |
| | <input type="checkbox"/> Environmental Review Form* and Attachments | <input checked="" type="checkbox"/> Administrative Checklist* |
| | <input checked="" type="checkbox"/> Accounting Systems Verification* | <input checked="" type="checkbox"/> CHDO or CDBO Verification |
| | <input checked="" type="checkbox"/> Bylaws | <input checked="" type="checkbox"/> Articles of Incorporation |
| | <input checked="" type="checkbox"/> 501 (c) (3) documentation from IRS | <input checked="" type="checkbox"/> Organizational Chart |
| | <input checked="" type="checkbox"/> Financial Audit | <input checked="" type="checkbox"/> Letters of Commitment |
| | <input checked="" type="checkbox"/> Board Resolution authorizing submittal of proposal | |
| | <input checked="" type="checkbox"/> Organizational Annual Budget and/or Financial Balance Sheet | |
| | <input checked="" type="checkbox"/> Director's and Officer's Liability & Errors and Omissions Insurance | |
| | <input checked="" type="checkbox"/> Policies and procedures for employees including internal controls | |
| | <input checked="" type="checkbox"/> Language Access Plan and (ADA) Accessibility Policy | |
| Tab F Acquisition Projects <u>only</u> | | |
| | <input type="checkbox"/> Appraisal of Property | <input type="checkbox"/> Environmental Review Form* |
| | <input type="checkbox"/> Parcel Map | <input type="checkbox"/> Phase I: Environmental Site Assessment |
| | <input type="checkbox"/> Relocation Plan (if project anticipates displacement) | <input type="checkbox"/> Property Listing |
| Tab G Construction/Rehabilitation Projects <u>only</u> | | |
| | <input type="checkbox"/> Construction Cost Estimate | <input type="checkbox"/> Environmental Review Form* |
| | <input type="checkbox"/> Letters of Community Support | <input type="checkbox"/> Architectural Drawings/Plans |
| | <input type="checkbox"/> Relocation Plan (if project requires temporary or permanent relocation) | |

*Note: Standard Forms provided in application packet.

Applicant Information

Type of Organization:

(Check all that apply)

☒ Non-Profit

☐ Public Agency

☐ Faith Based Non-Profit

☒ Sunnyvale CBDO

☐ CHDO (HOME Applicants)

Name of Organization: Sunnyvale Community Services

Mailing Address: 725 Kifer Road

City, State, Zip Code: Sunnyvale, CA 94086

Physical Address of Project: 725 Kifer Road

City, State, Zip Code: Sunnyvale, CA 94086

Contact Person: Marie Bernard

Phone: (408) 738-0121

Fax (408) 738-1125

Email: mbernard@svcommunityservices.org

Provide the following information for a **program contact person**, a **financial contact person**, the **person who wrote the application**, and an **authorized contact**. Include attachments of job descriptions and resumes for key staff.

NAME, TITLE, PHONE, EMAIL

Program Contact Someone who works with the project on a daily basis and can answer questions	Greg Pensinger Project Manager - Sunnyvale Team, Downtown Streets Team (650) 833-8663 Greg@streetssteam.org
Finance Contact	Carmen Davis Finance Director, Sunnyvale Community Services (408) 738-4321 X208 cdavis@svcommunityservices.org
Application Contact Person who wrote this application	Marie Bernard Executive Director, Sunnyvale Community Services (408) 738-0121 mbernard@svcommunityservices.org
Authorized Contact Person authorized to make commitments on behalf of the organization	Marie Bernard Executive Director, Sunnyvale Community Services (408) 738-0121 mbernard@svcommunityservices.org

I certify that the information contained in this application is true and correct, and that it contains no falsifications, misrepresentations, intentional omissions, or concealment of material facts. I further certify that no contracts have been awarded, funds committed, tenants displaced, or construction begun on the proposed project and that none will be done prior to issuance of a release of funds by City of Sunnyvale.



Signature of Authorized Contact Listed Above

Marie Bernard, Executive Director

Print Name

February 13, 2015

Date

Marie Bernard

Print Name

SECTION 1: ORGANIZATIONAL CAPACITY AND EXPERIENCE

Use only the space provided.

A. Provide an organizational overview of your agency, including:

- * a description of the history and purpose of the organization,
- * years in operation,
- * years of direct experience with proposed project type,
- * staff experience with proposed project type,
- * federal grant management experience,
- * financial capacity, and
- * CBDO qualifications, if applying for a CBDO activity (See CFR 570.204)
- * CHDO status, if applying for HOME funds.

Provide a project-specific organizational chart as an attachment to all copies of the proposal in Tab D and one copy only of the organizational chart for the entire agency in the original application (Tab E).

Founded in 1970, Sunnyvale Community Services (SCS) is an independent, nonprofit emergency assistance agency. Our mission is to prevent homelessness and hunger for low-income families and seniors facing temporary crisis. We provide financial aid, food, and other supportive services that prevent larger problems later on that require more expensive solutions.

Our project partner, Downtown Streets Team (DST) is a nonprofit founded in 2005, whose mission is, on behalf of all members of our community, to refine, expand, and communicate our model to eliminate current and prevent future homelessness - a model that is embraced by local government leaders and owned by the community as a whole. SCS's senior management and supportive services staff has extensive experience in nonprofits working with low-income clients. DST's Employment Development Specialists each have extensive experience in workforce development.

SCS has a very strong background in federal grant management in Sunnyvale, including HPRP and EFSP programs. DST has federal grant management experience in Palo Alto and San Jose, in addition to nearly 3 years experience with SCS on this program in Sunnyvale. SCS and DST have sound financial reserves and funding sources for all other programs and projects. We are taking advantage of this partnership to use SCS's fiscal management and ties to the Sunnyvale business and civic and faith-based organizations. SCS is fully qualified as a CDBO (see attached).

B. Previous experience using federal funds:

1. Does your organization have previous experience with capital projects involving federal funds?

☒ Yes ☐ No If no, skip to question 4.

2. If yes, how many years of previous experience do you have with federally funded projects? 22

Briefly describe your experience below.

SCS has had federally funded CDBG projects for over 22 years, along with EFSP (FEMA) funding for over ten years, and a project with HPRP for 3 years.

SCS received a CDBG loan in 2003 for our building.

3. If you have previous experience with federal projects, was your organization ever required to pay back funds, or found to have violated regulations, etc.?

☒ Yes ☐ No If **yes**, indicate the actions cited.

SCS did have to return a small amount of HPRP funds in 2011, but we were allowed to use 100% of those funds for other eligible grant purposes for the same grant.
DST has not had to return any funds from any federal projects.

4. If your organization does not have experience with federally funded projects, how will you ensure adherence to federal requirements? List examples of related experience or your plan to hire additional staff/contractors.

C. Previous experience with City-funded projects

1. Do you have previous experience with City-funded projects?

☒ Yes ☐ No If **yes**, please describe below

SCS has received Housing and Human Services grants from the City of Sunnyvale for many years.

2. Has your organization received HUD funds previously from the City of Sunnyvale?

☒ Yes ☐ No If **yes**, please describe below If no, skip to question 5.

Yes, SCS has received both HPRP and CDBG funds (see above)

3. If you are a prior recipient of City of Sunnyvale HUD funds, what was the date (mm/dd/yyyy) of your last City of Sunnyvale monitoring visit? Enter a date December, 2014

4. Were there any findings and/or concerns identified during your last monitoring visit by the City?

☐ Yes ☒ No

If **yes**, indicate the findings and/or concerns cited, the corrective action taken, and the date the City of Sunnyvale cleared the findings and/or concerns.

5. If your organization has not received funds from the City of Sunnyvale, describe your experience managing similar projects funded by other public sources (state, federal, other local government).

D. Complete the table below for each current member of the applicant's Board of Directors. If your organization does not have a board of directors (e.g., governmental entity), include this page and an explanation of why this form is not applicable (NOTE: Font, margins, or table may be modified to fit information on one page, as long as information below is included.) Identify board office held as applicable.

Board Member	Sunnyvale Resident Y/N	Employer (if any)	Office Held on Board	Term ² of Office	Length of Service
see attached list					

² Beginning and Ending Years

SECTION 2: EVIDENCE OF NEED FOR PROJECT

Complete this section accurately and completely. Use only the space provided.

Part 1 - Priority Activities

Program Priorities/Goals: Identify one or more Consolidated Plan goals the proposed project will address, and explain how it will address these goals in Part 3 below.

For additional information, see the Sunnyvale Consolidated Plan online at:
HUDPrograms.inSunnyvale.com

City of Sunnyvale Consolidated Plan

- ☐ Goal A: Affordable Housing
- ☒ Goal B: Alleviation of Homelessness
- ☐ Goal C: Other Community Development Efforts
- ☒ Goal D: Expanding Economic Opportunities
- ☐ Goal E: Sustainability

Part 2 - National Objective and Beneficiaries

A. Identify the method of determining the eligibility of your project, and **provide an explanation in the box below**. See page 2 of this RFP for definitions of these methods. For all affordable housing projects, you must select "Limited Clientele Activity".

1. Method of determining eligibility.

- ☐ Area benefit
- ☐ Limited Clientele Activity
- ☐ Job Creation

This project is designed to serve individuals who are homeless, or transitioning out of homelessness, or at imminent risk of homelessness. Only those with extremely low to low moderate incomes will be served.

B. Number of unduplicated Sunnyvale households (or individuals) to be served by the proposed capital project:

Column A Total number of unduplicated households served	Column B Total number of unduplicated households served	Column C *Percentage of lower-income households served B/A=C
Example: 500	350	70%
50	50	100%

Part 3 - Demonstrated Need for Project

In the space below, provide a brief summary of **current** statistical data documenting the need for your proposed capital project. Include local Sunnyvale data as well as any relevant statistics collected by applicant. Provide sources for the information. Briefly explain the target population for the project, including demographics, and a typical client profile. Explain how your project's design will meet the needs you have described, and how it will achieve the Consolidated Plan goals you identified in Section 2, Part 1.

According to the 2013 Santa Clara County Homeless Census and Survey Reports (the most recent official census), there are 425 unsheltered homeless in the City of Sunnyvale. This number shows an increase of 51 people (14%) since the previous census conducted in 2011. Although as many as 125 of those counted during that 2013 survey may have been counted at the Armory, there still exists a significant homeless population in Sunnyvale. Estimates from Public Safety and from non-profits serving the homeless in are that approximately 150 people live on Sunnyvale's streets year round.

Although the economy is recovering tremendously, it has not yet significantly benefited those who are living on the streets. In fact, it has become ever harder for someone working a low or even mid-wage job to afford to rent an apartment on their own in Santa Clara County. In addition to those who are already homeless, there are countless others in Sunnyvale who are living paycheck-to-paycheck and fighting to keep up with increasing housing costs. Many of these folks are unemployed or underemployed and are reliant on social services such as Sunnyvale Community Services and Downtown Streets Team just to get by. There are veterans still on Sunnyvale's streets whose military service did not prepare them for high-tech jobs in the Silicon Valley and young people who find that an entry-level job does not pay enough to rent a room, much less an apartment in Sunnyvale.

Sunnyvale Community Services served nearly 7000 unduplicated individuals in Sunnyvale last year with food and/or financial assistance. That represents about 5% of Sunnyvale's population. But we know that 25% of our residents are at risk of hunger and 50% of the students in Sunnyvale qualify for free or reduced-cost meals. Rents have increased by 34% or more in the past two years. More and more of our families and residents are slipping into homelessness, living in garages, or are one of multiple families living in a single apartment. SCS prepares special bags of food for the homeless with items that do not require cooking or special equipment to consume.

Sunnyvale now has 22 Tenant Based Rental Assistance (TBRA) vouchers for eligible individuals who need help moving into housing and help with establishing positive spending habits to achieve and sustain self-sufficiency. The "Work First" approach of Downtown Streets Team and the employment workshops and services they offer helps to prepare homeless men and women for jobs so that they can gain and increase employment over the TBRA subsidy period (2 years). Sunnyvale Community Services has helped those individuals with deposit and rental assistance as they transition out of homelessness. Landlords – even if they are willing to accept a subsidy – set their deposits at market rate (sometimes as much as twice the monthly rent) so they often present a major barrier to housing for someone with limited income and financial resources. Thus the deposit assistance offered by SCS is a vital resource for these individuals. Finally, SCS offers ongoing support for the homeless after they move into their apartments by providing food and nutrition resources, and, and in doing so, promoting health and preventing future homelessness.

Part 4 - Matching Funds

- A. List the funding from other sources for this capital project in the following table. Add additional rows to the table if necessary.

Funding Source	Amount	Status as of Feb. 13, 2015. Approved, Pending or Denied*	Award Date
see attached spreadsheet			
Total			

*If you have not received an official, legally binding loan commitment or other award letter by the time you submit this application, do not enter "approved".

- B. Identify commitments for ongoing operating funding *for this facility/site only* in the space provided below, and attach all **letters of commitment**.

- * All letters must be on the organization's letterhead and must include date, amount of match/leverage, and an authorized signature.
- * Letters must be dated within 30 days of the application submission date.
- * Letters must demonstrate that the funding is applicable to the project proposed in this application.
- * Do not include letters of support, only letters making a firm financial commitment to the project.
- * If the project will require formal approval of senior lienholders on the subject property, provide their letters of approval as attachments along with the letters of commitment.

not applicable

Funding Source	Amount	Status: Approved, Pending or Denied	Type of Match	Award Date*
DST: Operating Budget	\$ 98,920	approved	Matching funds	7/1/2015
SCS: Operating Budget	\$ 25,000	approved	Matching funds	7/1/2015
Matching Funds Subtotal	\$ 123,920	approved		7/1/2015
DST Volunteer services: resume writing, interviewing skills	\$ 8,360	approved	In-Kind	7/1/2015
DST: Job Training & Placement Services	\$ 11,000	approved	In-Kind	7/1/2015
Second Harvest Food Bank/Our Daily Bread (donated food)	\$ 23,000	approved	In-Kind	7/1/2015
SCS: Program Delivery Services	\$ 144,773	approved	In-Kind	7/1/2015
SCS Volunteer services: Food delivery, etc.	\$ 8,000	approved	In-Kind	7/1/2015
DST: Job Skills Workshops	\$ 8,500	approved	In-Kind	7/1/2015
SCS Donated Materials (Backpacks, Food Cards)	\$ 19,000	approved	In-Kind	7/1/2015
In-kind contributions Subtotal	\$ 222,633			
Total	\$ 346,553			

* Award Date: If you are saying the status of this match is "approved" the award date cannot be a date in the future. Use date of approval of your budget for the year in which the funds will be used, or other date of actual commitment of these funds. Otherwise the status can be listed as "pending".

SECTION 3 - STATEMENT OF WORK/PROJECT SCOPE

Part 1 - Project Location and Service Area

Provide the street address and assessor's parcel number(s) of the project location. Attach a map of the project location and the project service area (for community facility proposals only), showing zip codes and census tracts in Tab D.

SCS's main office is located at 725 Kifer Road, Sunnyvale 94086. The whole City of Sunnyvale is the service area. There are locations where the homeless can be found, including our parks and encampments, and Sunnyvale Community Services and Downtown Streets Team provide regular outreach in these areas to offer our resources and refer people to shelter and other programs.

Part 2 - Project Readiness (Use only the space provided.)

A. Work Plan / Project Readiness

Explain your project's work plan, including the activities you will undertake to achieve the project's goal. Describe how ready you are to begin the project by July 2013 and how you can expend the CDBG or HOME funds and complete the project within 12 months. Include the following:

- * Predevelopment milestones (design, permitting, securing matching funds)
- * Client Recruitment/program marketing plan (for new/expanded facilities or housing)
- * Project evaluation plan

For Limited Clientele Facilities, describe your procedures for recruitment, a marketing plan for clients and/or volunteers, and intake and eligibility screening forms.

Because this is a continuation of an existing project, we will be ready to resume without interruption on July 1, 2015 without having to ramp up (with matching funds secured). Downtown Streets Team has developed a positive reputation and rapport with Sunnyvale's homeless and as a result we have consistently maintained a waitlist of 15-20 prospective Team Members (clients) in addition to the 26 active Team Members we serve each week. Many individuals who will be served with this project are already familiar – if not connected – with our case management and employment development resources. DST staff and peer-to-peer outreach teams are currently performing outreach consistently at Fair Oaks Park and Washington Park (during meals), and are working with Public Safety to respond to encampments or individuals who may benefit from services. Sunnyvale Community Services continues to refer homeless clients to HomeFirst, Our Daily Bread, Columbia Neighborhood Center, West Valley Community Services, and Sunnyvale Public Safety based on their needs when they come to our facility.

The project is and will continue to be evaluated on a monthly basis and reported to the City of Sunnyvale. DST measures each individual's progress in job readiness, job training, and job placement. Further, DST evaluates each participant's milestones such as completion of our Job Search Skills course as well as their overall job readiness on an ongoing basis. Eligibility criteria for the program will be one or more of the following: a record of homeless or risk of homelessness, income level, and/or proof of residence (or homelessness) in Sunnyvale.

B. Implementation Schedule

Milestone	Target Date
1) Contract Start Date	July 1, 2015
2) Design and Permitting	not applicable
3) Initiation of Construction/Project	not applicable
4) Completion of Construction/Project	not applicable
5) 50% of Funds Expended and Drawn	December 31, 2015
6) 100% of Funds Expended and Drawn	June 30, 2016
7) Project Completion and Reporting	June 30, 2016

C. Performance Measurement System: Complete the following tables with information about the CDBG objectives and outcomes of your proposed project. If applying for HOME funds, select the Affordable Housing objective.

1. CDBG OBJECTIVE (select one)	2. CDBG OUTCOME (select one)
<input type="checkbox"/> Creating a Suitable Living Environment <input type="checkbox"/> Providing Decent Affordable Housing <input checked="" type="checkbox"/> Creating Economic Opportunities	<input checked="" type="checkbox"/> Availability/Accessibility <input type="checkbox"/> Affordability <input type="checkbox"/> Sustainability

3. Client Data. Identify the number of households your project will serve, in the following categories:

Type of Household	Residing in Sunnyvale	Residing outside of Sunnyvale	Total
Low Income (50%-80% AMI)	5		5
Very Low Income (<50% AMI)	45		45
Disabled Persons	not known		not known
Female-Headed Households	5		5
Elderly	5		5
Youth	0		0
Homeless Persons	40		40
Other Special Needs:			

Part 3 - Construction Project Description

A. Does your project involve:

New construction? ☐ Yes ☒ No
Major rehabilitation?* ☐ Yes ☒ No
Minor rehabilitation? ☐ Yes ☒ No

**Major rehabilitation* is defined as rehabilitation work that costs more than 25 percent of the value of the building before rehabilitation. The value of the building means the monetary value assigned to a building by a recent appraisal and/or property tax assessment, or replacement cost.

B. Do you have site control, including any right-of-way, easements, or encroachment permits needed for the project?

☐ Yes ☒ No If yes, provide date site control acquired: _____

If no, explain *how* you intend to secure site control prior to the start of this project. Include the anticipated acquisition date(s).

C. Operating Funds:

For construction, expansion or acquisition of a community facility, will you have sufficient funds available for the operations of the facility?

☐ Yes ☐ No

Provide a pro-forma with detailed information about operating funds available for the facility for at least 15 years and include as an attachment in Tab C.

D. Will your project involve temporary (less than 1 year) or permanent (more than 1 year) relocation of tenants from your proposed project site (residential or commercial tenants)?

☐ Yes: Temporary ☐ Yes: Permanent ☐ No Relocation needed

If you answered yes to either type of relocation, please attach a URA-compliant relocation plan in Tab F or G as applicable.

E. Provide the following property information:

- * Property Description, including amenities and features
- * Property Condition/Inspection Results
- * Appraisal: Provide most recent appraised value.
- * Unit Inspection Summary (for rehabilitation/expansion projects)
- * List of Property Improvements

not applicable

F. Attach the following items as attachments to this application:

- * Property Survey or Assessor's Parcel Map
- * Proposed Site Plan and/or Architectural Elevations
- * Infrastructure Plans, if needed
- * Environmental Review (see form in Standard Forms)
- * Phase I Environmental Assessment (Acquisition only)

G. Community Involvement

For new construction or facility/housing expansion projects, include evidence of community support for the proposed project. Describe the measures your organization has taken to garner community support in the space below. Provide evidence of contact with local neighborhood association(s) or proof of public hearing. **Include letters of support as attachments to this application.**

not applicable

SECTION 4: PROJECT BUDGET AND FINANCIAL INFORMATION

Part 1 - Budget Information

Provide a narrative explaining the total project budget, including major budget line items in the order in which they are listed on the budget form. List the sources of funding.

The largest portion of the Downtown Streets Team budget is staff for Program delivery. This request will fund a Project Manager to run the Work Experience Program, Case Manager, a full-time Employment Specialist and portions of the Director of Program Operations, and Director of Services, Chief Administrator Officer, and Executive Director.

The remainder consists of staff, supplies, marketing/PR, mileage, cell phones/plans. For the second year, we are including an Employment Flex Fund, which has, in FY14-15, thus far helped us assist job seekers with items or services to support their employment search or sustenance and for a successful training program in partnership with small businesses. The match and in-kind portion of the budget consists of basic needs vouchers, donated Job Search Skills Workshops, and in-kind volunteer time through our community based Apply-a-Thons, workshops, etc.

Sunnyvale Community Services received 1% of fees for acting as the administrator and fiscal agent for the program in addition to direct fees for supplemental services.

Part 2 - Financial Information

A. Describe the organization's financial management practices, including:

- * financial reporting,
- * record keeping,
- * accounting systems,
- * payment procedures,
- * audit history, and
- * compliance with OMB Circulars and GAAP

Sunnyvale Community Services has an excellent track record in sound fiscal management and record-keeping. Our financial audits have been "clean" for decades with no findings, and our accounting processes and systems are up-to-date. SCS now uses the industry-standard client database donated by Salesforce.com which has been fully implemented for reporting and client notes. In addition, we also enter client notes into the HMIS database for programs requiring that data entry.

DST also has an excellent financial record and sound financial and accounting practices in place. DST also has a complete financial audit conducted for FY2013-14 with no findings.

Provide the most recent Board-approved financial audit as an **attachment** to the original application in Tab E.

Attach:

- * Project Budget Form
- * Pro-forma (for construction or acquisition or community facility)

ITEM	CDBG FUNDS REQUESTED	MATCHING FUNDS*	IN-KIND SERVICES*	TOTAL PROJECT BUDGET
I. Project Delivery Expenses				
Program Delivery: DST Job Training & Placement Services (staff costs)	\$ 239,000			\$ 239,000
Program Delivery: SCS Client screening, referrals, employment supportive services (staff costs)	\$ 93,727	\$ 33,000	\$ 144,773	\$ 271,500
Employment Flex Funds	\$ 12,000			\$ 12,000
Marketing/PR/Supplies	\$ 3,500	\$ 11,413		\$ 14,913
Project Management (DST)	\$ 22,500			\$ 22,500
Weekly Lunch/meals for Team Members	\$ 2,500			
Program Delivery - scattered sites/outreach	\$ 11,570			
Supportive Services/Assistance:				
SCS: Emergency Financial Assistance		\$ 113,920		\$ 113,920
DST: Vouchers for participants		\$ 20,000		\$ 20,000
SCS: transportation, Other Misc.		\$ 88,920		\$ 88,920
		\$ 5,000		\$ 5,000
II. Project Management/Administration				
Grant/Project Admin (SCS)	\$ 10,000			\$ -
III. Volunteer Services & Donated Materials				
Donated Backpacks & Food Cards (Donated by SCS)			\$ 19,000	\$ 23,000
Food (Donated by SHFB/Our Daily Bread)			\$ 23,000	\$ 23,000
Job Search Skills Workshops (Donated by DST)			\$ 8,500	\$ 8,500
Volunteer services (SCS assistance)			\$ 8,000	\$ 8,000
Volunteer services (DST)			\$ 8,360	\$ 8,360
TOTAL PROGRAM BUDGET	\$ 394,797	\$ 158,333	\$ 211,633	\$ 764,763

Project Budget Form

see Tab C

a + b + c = d

ITEM	CDBG/HOME FUNDS REQUESTED (\$)	MATCHING FUNDS* (OTHER \$)	MATCHING IN-KIND SERVICES OR MATERIALS ^{3,4}	TOTAL PROJECT COST
I. Capital Costs				
Permits and Fees				
Design (Architectural & Engineering)				
Acquisition Costs (escrow fees, etc.)				
Other Soft Costs (e.g. Davis Bacon Monitoring (if applicable), Surveying, etc.)				
Rehabilitation/Construction Costs (labor, materials)				
Contingency (Construction)				
Environmental Compliance (CEQA/NEPA/Phase I, lead testing as applicable)				
Construction Management (if outside firm)				
Other:				
Other:				
II. Project Management/Administration				
III. In-Kind Services				
Applicant's staff services for project management)*				
Other in-kind services/goods (describe):				
Volunteer/Pro-bono services				
TOTAL PROGRAM BUDGET				

³ Provide your basis for estimating the dollar value of in-kind services in the space below. For applicant's staff services, use applicant's actual cost (hourly rates). For volunteer services, use \$10/hour, and for pro-bono professional services (architectural, etc), use firm's established hourly rates as charged to typical clients.

⁴ Please identify the source and commitment status (e.g. funds received, committed, or otherwise guaranteed, with proof) of other non-City funding and in-kind contributions committed specifically to the project for which CDBG and/or HOME funding is requested. Do not list matching funds or in-kind match that has not yet been formally committed.

Proposed Downtown Streets Team Clean-up Area

